

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
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39						
40	/					
41						
42	/					
43						
44						
45						
46						
47						
48	/					
49	/					
50						
TOTAL IND.	12					
TOTAL DEP.	43					
TOTAL CLAIMS	59					

CLAIMS					
IND	DEP	IND	DEP	IND	DEP
51		2			
52		3			
53					
54					
55					
56					
57					
58					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					